

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RIGHT WOMEN PAC

ADDRESS (number and street)

499 SOUTH CAPITOL STREET SW

#405



Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00718841

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

RIGHT WOMEN PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 01 2020

To:

 M M / D D / Y Y Y Y Y  
 09 30 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		81093.54
(b) Cash on Hand at Beginning of Reporting Period.....	96153.18	
(c) Total Receipts (from Line 19) .....	180030.00	423115.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	276183.18	504208.76
7. Total Disbursements (from Line 31).....	252343.46	480369.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23839.72	23839.72
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**RIGHT WOMEN PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	172380.00	371836.22
(ii) Unitemized .....	150.00	3779.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	172530.00	375615.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	47500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	180030.00	423115.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	180030.00	423115.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	180030.00	423115.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	27456.86	102320.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27456.86	102320.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	224886.60	378048.92
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	252343.46	480369.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	252343.46	480369.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	180030.00	423115.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	180030.00	423115.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	27456.86	102320.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	27456.86	102320.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baxter, Kathrine, , ,**

Mailing Address 301 Alma Real Drive

City  
Pacific Palisades

State  
CA

Zip Code  
90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2020

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period

2020.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burstein, Michael, , ,**

Mailing Address 11600 Washington Place  
104

City  
Los Angeles

State  
CA

Zip Code  
90066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Burstein Law Firm

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2020

Transaction ID : SA11AI.5129

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooley, William, O., ,**

Mailing Address 229 Edmor Road

City  
West Palm Beach

State  
FL

Zip Code  
33405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2020

Transaction ID : SA11AI.5163

Amount of Each Receipt this Period

20200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Corr, Thomas, , ,**

Mailing Address 3001 Ocean Drive

City  
Vero Beach

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GE Warren LLC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2020

**Transaction ID : SA11AI.5151**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crocker, James, , ,**

Mailing Address 1315 SE Conference Circle

City  
Stuart

State  
FL

Zip Code  
34997

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOG Technologies

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2020

**Transaction ID : SA11AI.5173**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeGroote, Doug, , ,**

Mailing Address 2660 Townsgate Road; Ste 450

City  
Westlake Village

State  
CA

Zip Code  
91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
De Groote Financial Group, LLC

Occupation (for Individual)  
Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

9560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2020

**Transaction ID : SA11AI.5128**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeGroot, Doug, , ,**

Mailing Address 2660 Townsgate Road; Ste 450

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

De Groote Financial Group, LLC

Occupation (for Individual)

Financial Planner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11360.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2020

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period

1800.00

☐ Memo Item

In-kind - Event Room Rental/Food and Beverage

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunn, Timothy, M, ,**

Mailing Address PO BOX 52268

City

Midland

State

TX

Zip Code

79710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2020

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period

75000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dwoskin, Lisa, , ,**

Mailing Address 1255 Crest Lane

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
09 / 01 / 2020

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

79800.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fitzgerald, Peter, , ,**

Mailing Address 1133 Crest Lane

City  
McLean

State  
VA

Zip Code  
22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chain Bridge Bank, N.A.

Occupation (for Individual)  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2020

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Halsch, Shepard, , ,**

Mailing Address 2 Juniper Road

City  
Darien

State  
CT

Zip Code  
06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2020

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period

20200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Tuny, , ,**

Mailing Address 685 Lake Drive

City  
Vero Beach

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2020

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

22200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jimirro, James, , ,**

Mailing Address 10787 Wilshire Blvd  
1702

City  
Los Angeles

State  
CA

Zip Code  
90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2020

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kolokotronis, Wendy, , ,**

Mailing Address P.O. Box 1449

City

LaCanada Flintridge

State

CA

Zip Code

91012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2020

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period

5600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lamelas, Peter, , ,**

Mailing Address 65 Spoonbill Rd

City

Manalapan

State

FL

Zip Code

33462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2020

Transaction ID : SA11AI.5106

Amount of Each Receipt this Period

2020.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schwemmer, Lynda, , ,**

Mailing Address 6062 Shallows Way

City  
Naples

State  
FL

Zip Code  
34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2020

**Transaction ID : SA11AI.5117**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Semler, Barry, , ,**

Mailing Address PO Box 2309

City  
Santa

State  
CA

Zip Code  
93120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2020

**Transaction ID : SA11AI.5153**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shahi, Mitra, , ,**

Mailing Address 2905 East Skyline Drive  
274

City  
Tucson

State  
AZ

Zip Code  
85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2020

**Transaction ID : SA11AI.5171**

Amount of Each Receipt this Period

2020.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8020.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHELLEY, STAN, , ,**

Mailing Address 25 COUNTRY ROAD

City  
HENDERSONVILLE

State  
NC

Zip Code  
28791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2020

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Strawn, Andrea, , ,**

Mailing Address 94 Driftwood Drive

City  
Key West

State  
FL

Zip Code  
33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2020

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period

2020.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yount, Benny, , ,**

Mailing Address 322 44th Avenue Drive NW

City  
Hickory

State  
NC

Zip Code  
28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2020

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10020.00

172380.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. NEW JOURNEY PAC, INC.**

Mailing Address 499 S CAPITOL ST SW  
STE 405

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

**C** C00709691

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **30** / **2020**

**Transaction ID : SA11C.5211**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TED BUDD FOR CONGRESS**

Mailing Address PO BOX 97127

City

RALEIGH

State

NC

Zip Code

27624

FEC ID number of contributing  
federal political committee.

**C** C00614776

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **02** / **2020**

**Transaction ID : SA11C.5114**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. 9SEVEN CONSULTING**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5126**

Amount of Each Disbursement this Period

812.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon**

Mailing Address 410 Terry Avenue North

City  
SeattleState  
WAZip Code  
98109Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5158**

Amount of Each Disbursement this Period

400.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5145**

Amount of Each Disbursement this Period

171.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1384.23

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	0		

Mailing Address 4333 Amon Carter Boulevard

FEC Identification Number

**C** C00718841**Transaction ID : SB21B.5146**

Amount of Each Disbursement this Period

494.20

☐ Memo ItemCity  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Travel

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	0		

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

FEC Identification Number

**C** C00718841**Transaction ID : SB21B.5124**

Amount of Each Disbursement this Period

1800.60

☐ Memo ItemCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	0		

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

FEC Identification Number

**C** C00718841**Transaction ID : SB21B.5210**

Amount of Each Disbursement this Period

424.60

☐ Memo ItemCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2719.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Bold Colors Group LLC**

Mailing Address 6965 El Camino Real Ste 105-612

City  
CarlsbadState  
CAZip Code  
92009Purpose of Disbursement  
Fundraising Consulting

001

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5108**

Amount of Each Disbursement this Period

11016.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DeGroote, Doug, , ,**

Mailing Address 2660 Townsgate Road; Ste 450

City  
Westlake VillageState  
CAZip Code  
91361Purpose of Disbursement  
In-kind - Event Room Rental/Food and BeverageCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2020

FEC Identification Number

C

**Transaction ID : SB21B.5134**

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FOLEY & LARDNER LLP**Mailing Address 3000 K STREET, N.W.  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20007Purpose of Disbursement  
Legal Consulting

001

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5166**

Amount of Each Disbursement this Period

120.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12936.50

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94035Purpose of Disbursement  
Emails

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5127**

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUNDBORG DESIGN GROUP**

Mailing Address 1492 18TH AVENUE NW

City  
NEW BRIGHTONState  
MNZip Code  
55112Purpose of Disbursement  
WEBSITE

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5103**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NAME.COM**

Mailing Address 414 14th Street #200

City  
DenverState  
COZip Code  
80202Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5207**

Amount of Each Disbursement this Period

40.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

301.97

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Navy Mess Gift Shop**

Mailing Address 1600 Pennsylvania Ave

City  
WashingtonState  
DCZip Code  
20500Purpose of Disbursement  
Food and Beverage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5136**

Amount of Each Disbursement this Period

576.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pavilion Consulting Partners LLC**Mailing Address 107 S West St  
Suite 482City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
PAC Strategy Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5099**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Pavilion Consulting Partners LLC**Mailing Address 107 S West St  
Suite 482City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
PAC Strategy Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5161**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9576.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. TOWER DIGITAL, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	0		

Mailing Address 400 WEST PEACHTREE STREET NW  
SUITE 4-550City  
ATLANTAState  
GAZip Code  
30308Purpose of Disbursement  
WEBSITE

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5120**

Amount of Each Disbursement this Period

49.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TOWER DIGITAL, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	0		

Mailing Address 400 WEST PEACHTREE STREET NW  
SUITE 4-550City  
ATLANTAState  
GAZip Code  
30308Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5160**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	0		

Mailing Address 1455 Market Street Suite 400

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5135**

Amount of Each Disbursement this Period

17.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

167.42

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 Market Street Suite 400

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5148**

Amount of Each Disbursement this Period

10.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 Market Street Suite 400

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5189**

Amount of Each Disbursement this Period

29.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 1700 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5144**

Amount of Each Disbursement this Period

29.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

70.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 1700 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09	/	22	/	2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5170**

Amount of Each Disbursement this Period

45.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.69

**TOTAL** This Period (last page this line number only).....▶

27201.53

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Medium Buying LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 28 / 2020	
Mailing Address 815 Grandview Avenue, Suite 600			Amount <span style="border: 1px solid black; padding: 2px;">90000.00</span>	
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>SE.5175</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 24 / 2020	
Purpose of Expenditure Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: TORRES SMALL, XOCHITL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">114960.86</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Medium Buying LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 28 / 2020	
Mailing Address 815 Grandview Avenue, Suite 600			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>	
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>SE.5180</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 24 / 2020	
Purpose of Expenditure Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: TORRES SMALL, XOCHITL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">124960.86</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">100000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>DATWYLER, THOMAS, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 05 / 2020	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00718841       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24960.86</div>	
City Dublin	State OH	Zip Code 43017	<b>Transaction ID : SE.5168</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Digital Ads		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: HERRELL, STELLA YVETTE, , , <span style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose       </span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">24960.86</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20794.56</div>	
City Dublin	State OH	Zip Code 43017	<b>Transaction ID : SE.5193</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement and Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: IVES, JEANNE, , , <span style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose       </span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">20794.56</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	45755.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 24 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>							
Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item								
Mailing Address <b>PO Box 207</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 01 / 2020								
City <b>Dublin</b>		State <b>OH</b>	Amount <input type="text" value="79131.18"/>								
Zip Code <b>43017</b>		Transaction ID : <b>SE.5194</b>									
Purpose of Expenditure <b>Digital Ads and Data</b>		Category/Type <input type="text" value="004"/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 29 / 2020							
Name of Federal Candidate: <b>IVES, JEANNE, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>06</b> State: <b>IL</b>								
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="99925.74"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
Full Name of Payee			<input type="checkbox"/> Memo Item								
Mailing Address			Date of Public Distribution/Dissemination								
City			Amount								
State		Date of Disbursement or Obligation									
Zip Code		<input type="text" value="MM/DD/YYYY"/>									
Purpose of Expenditure		Category/Type		<input type="text" value="MM/DD/YYYY"/>							
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____								
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width:40%; text-align: right;"><input type="text" value="79131.18"/></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;"><input type="text" value=""/></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;"><input type="text" value="224886.60"/></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text" value="79131.18"/>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text" value=""/>	(c) TOTAL Independent Expenditures .....	<input type="text" value="224886.60"/>
(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text" value="79131.18"/>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text" value=""/>										
(c) TOTAL Independent Expenditures .....	<input type="text" value="224886.60"/>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>DATWYLER, THOMAS, , ,</u>			Date <input type="text" value="MM/DD/YYYY"/> 10 / 05 / 2020								

[Electronically Filed]